

# Atlanta Community Schools

## Grades 1-12 Registration Checklist

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Forms Enclosed

- Request for Educational Records  
(from previous school)
- School of Choice Application  
(only if living out of District)
- ACS Student Registration Form
- ACS Consent to Disclose Immunizations
- ACS School Admissions Proof of Residency Form
- ACS Transportation Bus Route Info  
(fill out even if planning on not using bussing)
- Home Language Survey
- Medical Authorization Form
- Athletic Eligibility Form  
(only needed for 9-12 grade students)
- ACS Handbook Compliance Agreement  
(may receive at a later date)

### Must Also Be Provided

- Birth Certificate  
(a copy is acceptable)
- Court/Guardianship paperwork  
(if applicable)
- Proof of Residency  
(something with your name and physical address on it)
- Immunizations Record  
(current & up to date, from doctor or health department)
- Most recent IEP, 504, or other Special Services  
(If your child receives services, a copy of a current IEP is required)
- Current Schedule & Transcript  
(only for 9-12 grades)
- Band Info  
(only if in 6-12 grades)

**Please bring completed forms and required documentation to the school office at Atlanta Community Schools. Call 989-785-4842 with any questions. Thank-you!**

*Welcome to the Huskie Pack!*

**ATLANTA COMMUNITY SCHOOL  
10500 COUNTY RD 489  
ATLANTA, MI 49709  
989-785-4877**

**Request for Educational Records**

Date: \_\_\_\_\_

School last attended: \_\_\_\_\_

Address: \_\_\_\_\_

Please send the educational records of the following student(s):

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<i>Student Name</i>	<i>Grade</i>	<i>Birth date</i>
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<i>Student Name</i>	<i>Grade</i>	<i>Birth date</i>
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<i>Student Name</i>	<i>Grade</i>	<i>Birth date</i>
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These records should be sent to the following address:

**ATLANTA COMMUNITY SCHOOLS  
10500 COUNTY RD 489  
Attn: Grades \_\_\_\_\_  
ATLANTA, MI 49709**

Please email any IEP records, Discipline records, and high school transcripts to:  
[thisscock@atlantaschools.us](mailto:thisscock@atlantaschools.us) or [mcumper@atlantaschools.us](mailto:mcumper@atlantaschools.us)

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*Signature of Principal/designee*

This transfer is provided for in the Family Educational Rights and Privacy Act of 1974, as amended June 17, 1976. The new regulations no longer require an acknowledgment from the parent or eligible student that he or she has received notification before records may be released to other educational institutions. (Section 99.34)



*Atlanta Community Schools*  
***Schools of Choice Application***

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Date of Application: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade Entering in the current school year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended in previous school year \_\_\_\_\_

The school district in which you reside: \_\_\_\_\_

Parent/Guardian Name(s):  
\_\_\_\_\_

Street Address:  
\_\_\_\_\_

Phone (home): \_\_\_\_\_ Alternate phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Is a sibling currently attending Atlanta Community Schools as a Schools of Choice Student?  Yes  No

Name(s) and grades of siblings:  
\_\_\_\_\_

Has your child ever been expelled from any school district?  Yes  No

If yes, state the school, date, and reason:  
\_\_\_\_\_

Has your child ever been suspended from **any** school within the last two (2) years?  Yes  No

If yes, state the school, date, and reason:  
\_\_\_\_\_

Has your child ever been convicted of a felony?  Yes  No

If yes, explain and when:  
\_\_\_\_\_

Has your child ever been tested for specialized services?  Yes  No

Does your child receive specialized assistance in school?  Yes  No

I give my permission for the release of information to Atlanta Community Schools regarding **all** suspensions within the past two (2) years as well as any expulsions involving my child.  Yes  No

I understand transportation will be the responsibility of the parent/guardian.  Yes  No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected.  Yes  No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers.  Yes  No

Student's Name:

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Parent/Guardian or Student's reason for transfer to a School of Choice:

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**\*Please note that the following applies to School of Choice applications for students who reside in an intermediate school district other than the Atlanta Community School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment **cannot** occur until Atlanta Community Schools reaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. **If such agreement is not reached, your application will not be accepted.****

**By my signature below, I give my permission for the release of discipline information for**

\_\_\_\_\_ (Student's name), to Atlanta Community Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

\_\_\_\_\_  
Parent's/Guardian's Signature (required)

\_\_\_\_\_  
Date (required)

**\*\*\*\*OFFICIAL OFFICE USE ONLY\*\*\*\***

The student has been  **Accepted**  **Rejected** to participate in the requested School of Choice program in Atlanta Community Schools.

Reason for rejection:  Suspended within last two years  Expelled  Convicted of a felony  
 105c Special Education Cooperative Agreement not reached

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**Atlanta Community Schools Signature (required)**  
**Principal - Tawny Hisscock**

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**Date (required)**

**Office use only:**

Date application received: \_\_\_\_\_

## ATLANTA COMMUNITY SCHOOLS STUDENT REGISTRATION FORM

BIRTH CERTIFICATE	IMMUNIZATION	PROOF OF RESIDENCY	IEP	NON-RESIDENT	504	DISABILITY	ATHLETICS
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STUDENT: \_\_\_\_\_ Gender: MALE FEMALE  

First Name
Middle Name
Last Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_

Federal Race:  AMERICAN INDIAN/ALASKAN NATIVE HISPANIC or LATINO ETHNICITY?  
 ASIAN  YES  
 BLACK or AFRICAN AMERICAN  NO  
 NATIVE HAWAIIAN or Other Pacific Islander LANGUAGE: \_\_\_\_\_  
 WHITE ANCESTRY: \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_  
Mailing Address (PO Box): \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Family 1 (with whom the student resides)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Mobile Phone: _____	Mobile Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Occupation: _____	Occupation: _____
Active Duty? <input type="radio"/> YES <input type="radio"/> NO	Active Duty? <input type="radio"/> YES <input type="radio"/> NO
Employer: _____	Employer: _____

### Family 2 (if applicable)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Mobile Phone: _____	Mobile Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____
Active Duty? <input type="radio"/> YES <input type="radio"/> NO	Active Duty? <input type="radio"/> YES <input type="radio"/> NO
Ok for pick up? <input type="radio"/> YES <input type="radio"/> NO	Ok for pick up? <input type="radio"/> YES <input type="radio"/> NO
Ok to receive Student Records? <input type="radio"/> YES <input type="radio"/> NO	Ok to receive Student Records? <input type="radio"/> YES <input type="radio"/> NO
Mailing address: _____	

Where is the student currently residing?

- In a shelter  With more than one family in a house or apartment  
 In a motel, car or campsite  With friends or relatives other than parent/guardian

If one of the above options are checked the student may be eligible for McKinney-Vento services.

Is the student living with parents or legal guardians? [ ] Yes [ ] No

**\*More items to be filled out on the back...**

### Emergency Contacts

Name	Relationship	Primary Phone	Second Phone	Third Phone	Allow Pick Up

Allergies, medicine or other medical conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Emergency Medical Authorization

In the event reasonable attempts to contact me and emergency contacts have been unsuccessful, I, as the parent/legal guardian of the above student, do hereby authorize any and all emergency treatment necessary for my child that may be required due to sudden injury or illness. This release is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Statement of Student Discipline

In accordance with the Safe Schools Act of 1996, Atlanta Community Schools requires that parents provide criminal and school disciplinary information. To implement that law, this district's board policy requires that the following questions be answered by parents/legal guardians who are enrolling new students to the school:

1. Is the student presently or ever been under suspension or expulsion from another school district?     YES     NO  
If yes, please describe: \_\_\_\_\_  
Name of School District: \_\_\_\_\_

2. Has the student been convicted or charged with any of the following crimes? (check any that applies)

<input type="radio"/> First Degree Murder	<input type="radio"/> Second Degree Murder	<input type="radio"/> First Degree Assault
<input type="radio"/> Forcible Rape	<input type="radio"/> Forcible Sodomy	<input type="radio"/> Robbery in the First Degree
<input type="radio"/> Distribution of Drugs to a Minor	<input type="radio"/> Arson in the First Degree	<input type="radio"/> Kidnapping (Class A Felony)

In accordance with the law, no student may be readmitted or enrolled in the school who has been convicted of or charge with an act that if committed by an adult would be one of the above. Nothing in the law shall prohibit the re-admittance or enrollment of any students if a charge has been dismissed, or when a student has been acquitted of any of the above offenses. This section does not apply to a student with disability, as identified under state eligibility criteria, who is convicted as a result of an action related to the student's disability.

I attest that all of the information stated in this form is correct and true.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\*If item 1 is marked yes, and if item 2 has any check mark the enrollment is to be approved by the Superintendent.

\_\_\_\_\_  
Superintendent/Principal

\_\_\_\_\_  
Date

## Atlanta Community Schools

### Consent for Disclosure of Personally Identifiable Information and Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

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*I authorize \_\_\_\_\_ Atlanta Community Schools \_\_\_\_\_ to release my Child's immunization record and personally identifiable information to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian  
Or Eligible Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_



**ATLANTA COMMUNITY SCHOOLS**  
**School Admissions**  
**(Proof of Residency Form)**

In order to register a resident student, the parent, legal guardian or the student shall provide proof of residency or proof that a waiver has been requested as outlined below and shall complete all admission requirements as determined by Board policies, rules and regulations. Resident students who cannot provide adequate proof of residency may request a waiver in accordance with state law. Students who do not meet the residency requirements may apply for admission in accordance with state law regarding admission of nonresident students.

At least one (1) of the following criteria shall be used in determining student residency:

1. The student physically resides and is domiciled in the district. The domicile of a minor child shall be the domicile of a parent or court-appointed legal guardian.
  
2. The student is otherwise proven to be legally domiciled within the district.

In order to satisfy the District's residency requirements, the student, parent or court-appointed legal guardian must provide one (1) or more of the following items as proof of residency:

- |                           |                               |
|---------------------------|-------------------------------|
| 1. Property Tax Statement | 5. Legal property description |
| 2. Driver's License       | 6. Rental Agreement           |
| 3. Utility Bill/Agreement | 7. Telephone Bill             |
| 4. Real Estate contract   | 8. Other _____                |

<b>STUDENT INFORMATION</b>
Name of student: _____
Address of student: _____ _____
Name of Parent/legal guardian: _____
Address of Parent/legal guardian: _____ (If different than above)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**ATLANTA COMMUNITY SCHOOLS**  
**TRANSPORTATION**  
**BUS ROUTE INFORMATION**

Date: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Current Grade \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Description of House: \_\_\_\_\_

Not Needed at This Time       AM       PM

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**TRANSPORTATION USE ONLY**

Authorized person will meet the bus. \_\_\_\_\_

Authorized person will wave from doorway.

Student is allowed off the bus with an older sibling: \_\_\_\_\_

Student gains access into home.

Student is old enough to be at HOME, ALONE without a parent, guardian or caretaker present.

\_\_\_\_\_  
\_\_\_\_\_

Parent Notified: ( ) \_\_\_\_\_ Date \_\_\_\_\_

Bus Route # am \_\_\_\_\_ time: \_\_\_\_\_

Bus Route # pm \_\_\_\_\_ time: \_\_\_\_\_

Teacher Notified: ( ) \_\_\_\_\_ Date \_\_\_\_\_

Rochelle Thornberg, Transportation Supervisor  
989-785-4785 Office  
989-306-2904 cell

STATE BOARD OF EDUCATION  
APPROVED HOME LANGUAGE SURVEY\*

The \_\_\_\_\_ is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1151 – 380.1158 of the School Code of 1976, Michigan's Bilingual Education Law. Would you please help by providing the following information?

Thank you very much for your cooperation.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

School Building \_\_\_\_\_

1. Is your child's native tongue a language other than English?

Yes

No                      What is that language? \_\_\_\_\_

2. Is the primary language<sup>1</sup> used in your child's home or environment a language other than English?

Yes

No                      What is that language? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent  
or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

<sup>1</sup>"Primary language" means "dominant language used by a person for communication."

\*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Service.

EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information**

Allergies \_\_\_\_\_

Current Medications or Treatments \_\_\_\_\_  
\_\_\_\_\_

Previous Operations or Hospital Confinements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

# NEW STUDENT FORM **2022-23** – For students who change schools after starting 9th grade

YES  NO  **I AM INTERESTED IN PARTICIPATING IN ATHLETICS**

*To be completed by new students, parents and former school. This form is intended to assist schools in compiling information to determine eligibility under MHSAA Regulations. Provide copies in new student packets and as soon as possible the form should be submitted to the athletic director for evaluation. The AD may then contact the MHSAA for assistance. Consult Int. 65 and 77 or the Residential Change Check List on MHSAA.com (Schools → Parents → Regulations Summary) to assist in determining if residential changes are full and complete. **Int. 37 states two current and complete documents are prerequisites for participation: Physical Exam/Consent Form or Health Questionnaire/Consent Form and official school record (transcript) since first enrolling in the 9<sup>th</sup> grade of any school.***

<b>SECTION COMPLETED BY SCHOOL &amp; STUDENT – CHECK TRANSCRIPT</b>	- Official enrollment date (in school records & attending one or more classes) →	
	- Number of classes for which credit has been given in the previous academic term →	
	- Number of potential classes for a full-time student in the previous high school →	
	- Number of semester's and/or trimesters in grades 9-12 COMPLETED to date →	
	- In what school year did the student END the 8th grade (and BEGIN grade 9th) →	
	- Has the student REPEATED any grade 9-12? →	

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

CURRENT (NEW) ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF RESIDENCE CHANGE INTO CURRENT (NEW) ADDRESS \_\_\_\_\_

CURRENT (NEW) PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE \_\_\_\_\_

NEW ADDRESS IS IN A DIFFERENT PUBLIC SCHOOL DISTRICT (OR ATTENDANCE AREA OF A MULTI-HIGH-SCHOOL DISTRICT)  Y  N

OLD HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FORMER RESIDENCE (CHECK ALL THAT APPLY)  VACANT  SOLD  RENTED ALL BELONGINGS MOVED?  Y  N

FORMER PUBLIC SCHOOL DISTRICT OF RESIDENCE \_\_\_\_\_

PARENT(S) OR GUARDIAN(S) \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

1. The last school the student attended \_\_\_\_\_

2. While enrolled at former school, the student lived with \_\_\_\_\_  
*(List ALL people & their relationship to the student - parents, siblings, or others)*

YES  NO The student lived with the above for at least 30 days during the most recent previous academic term.

3. The student NOW lives with \_\_\_\_\_  
*(List ALL people & their relationship to the student - parents, siblings, or others)*

**SELECT THE APPROPRIATE ANSWER**

4. 9 10 11 12 Circle the highest grade in which the student was enrolled at any previous school.

5.  YES  NO School previously attended was a nonpublic or charter school.

6.  YES  NO Student is a "Ward of the Court/State" and was placed in this school district by court order.

7.  YES  NO Student is an international student enrolling from a foreign country. **Select VISA:**  F1  J1

7a.  YES  NO Student is from an MHSAA Approved International Student Program (AISP).

Program Name: \_\_\_\_\_ Program is listed on MHSAA.com  Y  N

8.  YES  NO Student's previous school has been closed, dissolved or reorganized. (see Int. 64 & 90)

9.  YES  NO Student's parents are DIVORCED. If divorced, give exact decree date: **Month** \_\_\_\_ **Day** \_\_\_\_ **Year** \_\_\_\_

10.  YES  NO Student is 18 or under; or the 19th birthday is on or after Sept. 1st of this school year.

11.  YES  NO Last year, the student lived at a boarding school, or while enrolled out of state attended a sports academy.

12.  YES  NO Student is 18 and moved into this district WITHOUT his or her parents.

13.  YES  NO Student participated in a cooperative program involving his/her previous school and our school.

14.  YES  NO Student wishes to discuss her/her situation with the athletic director.

**OVER →**

**VERIFICATION OF PREVIOUS HIGH SCHOOL SPORTS PARTICIPATION**

15. List ALL high school sports the student participated in (game/meet or scrimmage at any level) in the most recent previous school year and, if the transfer occurs after the school year started, list any sports participated in at any level during the current school year. List the year next to the sport played (e.g. 2021-22).

FALL	WINTER	SPRING

16. List the sport(s) in which the student desires to participate in during the next 12 months at the new school:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Unless a student meets one of the 15 stated Exceptions, the student is INELIGIBLE for participation in any of the sports listed above (item #15) during the **2022-2023** school year. Students are eligible for participation in sports NOT listed above (item #15).

**Today's Date** \_\_\_\_\_ **IN THE PAST 12 MONTHS?**

17. YES NO While at the **previous high school the student was coached by** any member of our high school's coaching staff (current or incoming). If yes, indicate the name of the coach(es) and sport(s):

\_\_\_\_\_

**RECOMMENDED VERIFICATION & COMMUNICATION BETWEEN SCHOOLS**

**By my signature below I state that the above is true and accurate. I also understand that contests the student participates in may be forfeited to opponents if the information submitted is not accurate:**

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NEW SCHOOL ATHLETIC DIRECTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL NAME + EMAIL OR FAX

**TO PREVIOUS SCHOOL A.D. - PLEASE SIGN AND RETURN TO A.D. AT THE STUDENT'S NEW SCHOOL**

**Exchange this form between athletic directors for students who wish to play the same sport as played previously. The previous school athletic director indicates that to the best of their knowledge the above is true and accurate:**

\_\_\_\_\_  
PREVIOUS SCHOOL ATHLETIC DIRECTOR

\_\_\_\_\_  
DATE

Form Returned to NEW School: \_\_\_\_\_

\_\_\_\_\_  
DATE

**Notes if previous AD declines to sign:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALERT!** The Sport Specific Transfer Rule states: ANY sport a student played in **2021-22** determines eligibility in **2022-23** should the student transfer and not meet one of the 15 stated Exceptions.